
TESTIMONY IN SUPPORT OF SB 487

TO: THE SENATE COMMITTEE ON HEALTH, HUMAN SERVICES, INSURANCE, AND JOB
CREATION

FROM: KENDRA JACOBSEN, MS

SUBJECT: SB 487

DATE: 2/20/2008

My name is Kendra Jacobsen and I serve as the Executive Director of the Madison Patient Safety Collaborative (MPSC). The MPSC represents the four hospitals and three major medical groups in Madison, WI. Formally, I am an employee of Meriter Hospital, a 501(c)3 corporation, so I am here to support SB 487 as my personal interest and dedication to increasing patient safety in the state of Wisconsin.

My formal training is not as a clinician – I am an industrial engineer with a focus in health systems. In my job I help to influence and create change in systems and workflow that increase efficiency and safety for healthcare workers and patients. One of the greatest threats to patient safety right now is information. On a regular basis, healthcare workers seek information in an effort to provide patient care. In many cases, this information is available somewhere but difficult and timely to get. The consequences of this inefficiency in the system have led to uninformed decision-making and errors. Research in medication and other medical errors has proven that there is real harm to patients and sometimes death that occurs due to these errors.

As part of my work with the MPSC, I facilitated a project to explore the feasibility of implementing software to enable electronic health information exchange among the MPSC organizations. Implementing this software would decrease the time to access critical patient information, such as medication lists and recent lab results. Having this information would reduce risk of medication interactions, duplicate therapies and unnecessary tests. Ultimately, having this information would give clinicians additional knowledge to make the best clinical care decisions for patients and increase patient safety.

One barrier to implementing this software in Madison, WI is the current law under s. 51.30 and Ch. 146. The project is now on hold. Passing SB 487 would likely bring the MPSC organizations back to the table to discuss implementation.

I absolutely believe that this legislation represents a step in the right direction for reducing harm to patients and I encourage this committee to take the necessary steps to make this the new law.


Kendra Jacobsen, MS



MARSHFIELD CLINIC®

Testimony before the Committee on Health, Human Services, Insurance and Job Creation Robert Phillips, M.D.

Internal Medicine/Geriatrics/Government Relations, Marshfield Clinic

Wednesday, February 20, 2008

SB 487 - Treatment Records and Patient Health Care Records

Chairman Erpenbach, members of the Committee on Health, Human Services, Insurance and Job Creation and staff, I am Dr. Robert Phillips, a practicing internist and geriatrician at Marshfield Clinic and Medical Director of Government Relations. I am here today to testify in support of SB 487, relating to treatment records and patient health care records.

Marshfield Clinic, a health care system with over 80 medical/surgical specialties and subspecialties has as our mission to provide high quality health care to all who access our system, to engage in basic science and clinical research to improve patients' and citizens' lives, and to train the next generation of physicians with an emphasis on rural practice. Marshfield Clinic's system comprises 41 soon to be 47 centers in north central Wisconsin, served by approximately 800 physician specialists providing primary, secondary and tertiary medical/surgical care and staffed by 6500 employees.

Marshfield Clinic embraces the Institute of Medicine's 6 aims for the transformation of the 21st century health care system with health care that is safe, effective, patient-centered, timely, efficient, and equitable. Marshfield Clinic urges the Wisconsin Legislature to use these six aims as a yardstick to test the benefit of pending legislation for Wisconsin citizens.

Marshfield Clinic has created a state of the art electronic medical record and information technology system which connects all of our centers; provides an appropriate flow of medical information to our providers to insure safe and timely care for the 365,000 unique patients seen in 2007 representing about 1.8 million visits; provides efficient care which avoids duplication of diagnostic tests and consultations addressing health care costs; and provides the most current evidence based scientific care with clinical decision support integrated into our medical record so that patients receive the latest and best care at the time of a medical encounter or office visit.

SB 487 will allow a limited subset of information relative to the treatment of mental health, substance abuse and developmental disability conditions to be shared with health care providers across health systems for treatment purposes to provide safe, timely, effective, patient-centered, efficient and equitable care in emergency rooms, hospitals and offices. For patients dealing with multiple chronic conditions such as diabetes, congestive heart failure, chronic kidney disease, and chronic lung disease, it is imperative that treating physicians have access to as complete a picture of a patient's health condition including mental health, substance abuse, and developmental disability conditions in order to insure as safe and comprehensive an evaluation as possible. Adding "diagnostic test results" and "symptoms" to the list of elements that can be exchanged without consent and allowing this data to be exchanged with any health care entity involved in a patient's care will facilitate the care of all patients. As a practicing internist who cares directly for patients in the office and nursing facility, having the most accurate and complete health information on all

patients including those under care for mental illness and related disorders and development disabilities available is critical to high quality care, reduces errors and reduces health care costs. This bill does not allow the entire treatment record to be readily exchanged with other providers. In addition, safeguards in the bill are included that will forbid use of the patient's record for other purposes without the patient's written consent.

Concerning the confidentiality of patient general health care records, SB 487 would allow re-disclosure of health information that facilitates electronic health information exchange while retaining limitations on re-disclosure to prevent unauthorized release. It will eliminate the requirement to document all disclosures, which is time consuming and takes away from a health care provider's time with patients. It will allow health information disclosure to a patient's family, friend or another person identified by the patient; if informal consent is provided or if the patient is not physically available or physically or cognitively able to grant informal permission, a health care provider can substitute his/her best judgment to determine whether the release is in the patient's best interest and the patient would otherwise allow the disclosure.

SB 487 makes Wisconsin law more like the federal HIPAA law which allows health information to be exchanged with treating providers at the time care is provided without written permission because in an acutely ill situation time is critical and the emphasis should be on safe, timely, and patient-centered care. SB 487 is a good piece of legislation and will modernize Wisconsin health care information exchange.

Thank you.

To: Members of the Senate Health, Human Services, Insurance, and Job Creation Committee

From: Jennifer Laughlin, President

Date: February 20, 2008

RE: Support for SB 487, Important eHealth Legislation

Senate Bill (SB) 487 will improve communication in the delivery of health care in Wisconsin. Wisconsin Health Information Management Association (WHIMA) supports this proposal as a means to facilitate quality patient health care.

Provider communication improves about mental health treatment

The bill permits health care providers to communicate statutory defined information about a patient's mental health with other health care providers involved in the patient's care. The availability of this information is essential to preventing adverse drug interactions and unnecessary diagnostic tests. A key component of patient care is a care plan addressing both mental and physical health of the patient. The information shared becomes critical content to the patient's care plan.

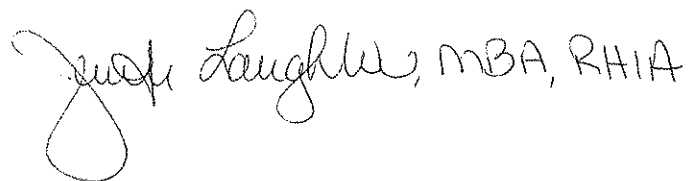
Exchange of information among health care providers improves

The bill permits health care providers to communicate with other providers regarding all health care records in a provider's possession by removing a prohibition on the re-disclosure of health care records received by one provider to another provider. For example, if a patient received treatment from multiple health care providers, SB 487 would permit each of the providers to share health care records with each other for the purpose of rendering care.

Communications with family and friends involved in patient care improves

The bill permits providers to more easily communicate with those family or friends involved in the care of a patient. Providers need the involvement of the patient's family or friends to reinforce and support the patient in their treatment.

WHIMA supports the eHealth initiatives and passage of SB 487. Both efforts move us forward for appropriate health information exchange.

 Jennifer Laughlin, MBA, RHIA

WISCONSIN HOSPITAL ASSOCIATION, INC.

To: Members of the Senate Committee on Health, Human Services,
Insurance, and Job Creation,
Senator Erpenbach, Chair

From: Paul Merline, Vice President of Government Affairs
Matthew Stanford, Associate Counsel

Date: February 20, 2008

Re: Support for SB 487, Important eHealth Legislation



A Valued Voice

Senate Bill (SB) 487 aims to improve communication among health care providers and others who care for patients by facilitating the development of better, more comprehensive electronic medical records. The Wisconsin Hospital Association (WHA) supports this proposal as a means to further advance Wisconsin's already nationally recognized high levels of patient health care quality and safety.

Improving provider communication about mental health treatment

The bill permits physicians to communicate limited information about a patient's mental health with other treating physicians and care teams. Access to this information is critical to avoiding adverse drug interactions and redundant diagnostic tests, and to creating treatment plans that take into consideration both a patient's mental and physical health. Absent access to this information, a patient's physician could unknowingly provide redundant or even inappropriate care.

Removing these barriers to communication also remove barriers to the fuller incorporation of mental health records into an electronic medical record. If regulations are made more consistent for both mental health and general health records, it is more likely that patients receiving mental health treatment will have their health information kept in an interoperable electronic medical record and therefore quickly accessible by their provider.

Improving the exchange of information across multiple facilities and providers

The bill encourages facilities to develop electronic medical records that can communicate with other facilities by removing a prohibition on the re-disclosure of non-mental health information received by one facility to another facility. For example, if a patient received treatment at multiple hospitals, this would permit each of the hospitals to share non-mental health records with each other.

Reducing costs by reducing variation between federal and state laws

The bill removes documentation of disclosure requirements unique to Wisconsin that create a significant administrative burden and require electronic medical record developers to build additional functionality for Wisconsin providers. Safeguards remain under the federal HIPAA law which requires the documentation of many disclosures.

Improving communications with family and friends involved in patient care

The bill permits providers to more easily communicate with those family and friends involved in the care of a patient. Safeguards remain to prohibit releases of records to family and friends that would not be in the best interest of the patient, such as if the physician has reason to believe the family member might use the record to harm the patient.

WHA thanks the Governor's eHealth Care Quality and Patient Safety Board that reviewed and approved these proposals; the numerous consumer and provider eHealth workgroups that developed the proposals; the Department of Health and Family Services which facilitated the work of the eHealth Board and its committees and aided in the development of this legislation; Senator Erpenbach and Representatives Moulton, Hixson, Davis and Benedict for their leadership on this bill; and the many cosponsors of SB 487 for their support.

While there are additional statutory barriers to communication and electronic medical records that we and others would like to see removed, WHA supports this bill as a good first step.